



MGPI of Indiana, LLC
7 Ridge Avenue
Lawrenceburg, Indiana 47025
800.255.0302
www.mgpingredients.com

Indiana Department of Environmental Management
Compliance and Enforcement Branch, Office of Air Quality
100 North Senate Avenue
MC 61-53 IGCN 1003
Indianapolis, Indiana 46204-2251

Dear Sir / Madam,

Re: Quarterly Deviation and Compliance Monitoring and Excess Emissions Reports Part
70 Operating Permit No.: T029-32119-00005.

Enclosed is the referenced report for the second quarter of 2016.

Sincerely,

William R. Graves
EHS Manager
MGPI of Indiana, LLC
7 Ridge Avenue
Lawrenceburg, IN 47025
Phone (812) 532-4158
Fax (812) 532-4216
Email: randy.graves@mgpingredients.com

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH
PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name: MGPI of Indiana
Source Address: 7 Ridge Avenue, Lawrenceburg, Indiana 47025
Part 70 Permit No.: T029-32119-00005

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- ☐ Annual Compliance Certification Letter
- ☐ Test Result (specify)
- ☒ Report (specify) 2nd Quarter 2016 Deviation, Compliance Monitoring, Excess Emissions
- ☐ Notification (specify)
- ☐ Affidavit (specify)
- ☐ Other (specify)

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature: *Mike Templin / RG*

Printed Name: Mike Templin

Title/Position: Plant Manager

Phone: (812) 532-4171

Date: 7/28/16

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH**

Part 70 Quarterly Report

Source Name: MGPI of Indiana
Source Address: 7 Ridge Avenue, Lawrenceburg, Indiana 47025
Part 70 Permit No.: T029-32119-00005
Facility: Five (5) Rotary Dryers (EU-32)
Parameter: total dryer feed rate
Limit: shall not exceed 147,000 tons per twelve (12) consecutive month period with compliance determined at the end of each month.

QUARTER : Second

YEAR: 2016

| Month | Column 1 | Column 2 | Column 1 + Column 2 |
|---------|------------|--------------------|---------------------|
| | This Month | Previous 11 Months | 12 Month Total |
| Month 1 | 198 | 65,034 | 65,232 |
| Month 2 | 1,013 | 55,779 | 56,792 |
| Month 3 | 0 | 47,627 | 47,627 |

☒ No deviation occurred in this quarter.

☐ Deviation/s occurred in this quarter.
Deviation has been reported on:

Submitted by: William R. Graves
Title / Position: EHS Manager
Signature: William R. Graves
Date: 07-28-16
Phone: 812-532-4158

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH**

Part 70 Quarterly Report

Source Name: MGPI of Indiana
Source Address: 7 Ridge Avenue, Lawrenceburg, Indiana 47025
Part 70 Permit No.: T029-32119-00005
Facility: One (1) steam boiler, identified as EU-97
Parameter: #2 Fuel Oil Burned
Limit: 1,848,000 gallons per twelve (12) consecutive month period, equivalent to SO₂ emissions of 39.4 tons per year, with compliance determined at the end of each month.

YEAR: 2016

| Month | #2 Fuel Oil (gallons) | #2 Fuel Oil (gallons) | # 2 Fuel Oil (gallons) |
|-------|--------------------------|--------------------------|---------------------------|
| | This Month | Previous 11 Months | 12 Month Total |
| April | 0 | 0 | 0 |
| May | 0 | 0 | 0 |
| June | 0 | 0 | 0 |

☒ No deviation occurred in this quarter.

☐ Deviation/s occurred in this quarter.
Deviation has been reported on:

Submitted by: William R. Graves
Title / Position: EHS Manager
Signature: William R. Graves
Date: 07-28-16
Phone: (812) 532-4158

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH
PART 70 OPERATING PERMIT
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: MGPI of Indiana
Source Address: 7 Ridge Avenue, Lawrenceburg, Indiana 47025
Part 70 Permit No.: T029-32119-00005

Months: April to June _____ Year: 2016 _____

Page 1 of 2

This report shall be submitted quarterly based on a calendar year. Proper notice submittal under Section B –Emergency Provisions satisfies the reporting requirements of paragraph (a) of Section C- General Reporting. Any deviation from the requirements of this permit, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. A deviation required to be reported pursuant to an applicable requirement that exists independent of the permit, shall be reported according to the schedule stated in the applicable requirement and does not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

☐ NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

☐ THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

| | |
|--|-------------------------------|
| Permit Requirement (specify permit condition #) | |
| Date of Deviation: | Duration of Deviation: |
| Number of Deviations: | |
| Probable Cause of Deviation: | |
| Response Steps Taken: | |
| Permit Requirement (specify permit condition #) | |
| Date of Deviation: | Duration of Deviation: |
| Number of Deviations: | |
| Probable Cause of Deviation: | |
| Response Steps Taken: | |
| Permit Requirement (specify permit condition #) | |
| Date of Deviation: | Duration of Deviation: |
| Number of Deviations: | |
| Probable Cause of Deviation: | |
| Response Steps Taken: | |

Form Completed by: William R. Graves_____

Title / Position: EHS Manager_____

Date: 07-28-16_____

Phone: (812) 532-4158_____